



Part III Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Promote tourism for Brevard County, Florida</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Create and grow Brevard County, Florida, as a golf vacation destination by providing golf with premier service at affordable pricing (Grants \$ _____)	28a	59,152
29	(Grants \$ _____)	29a	
30	(Grants \$ _____)	30a	
31	Other program services (attach schedule) (Grants \$ _____)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	59,152

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>David Tomczak</u> Str <u>2300 Clubhouse Dr</u> City <u>Rockledge</u> ST <u>FL</u> ZIP <u>32955</u>	Title <u>President</u> Hr/WK <u>2</u>	0	0	0
Name <u>Gregory Sanders</u> Str <u>3915 Savannahs Tr</u> City <u>Merritt Island</u> ST <u>FL</u> ZIP <u>32953</u>	Title <u>Treasurer</u> Hr/WK <u>2</u>	0	0	0
Name <u>Alex Romanoff</u> Str <u>3591 Fairgreen St</u> City <u>Valkaria</u> ST <u>FL</u> ZIP <u>32950</u>	Title <u>Secretary</u> Hr/WK <u>2</u>	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		-0-
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		-0-
41	List the states with which a copy of this return is filed		FL
42	The books are in care of <u>Name Mike Floyd</u> Business check here <input type="checkbox"/> Telephone no <u>321-433-4909</u> Located at <u>1278 Admiralty Boulevard</u> City <u>Rockledge</u> ST <u>FL</u> ZIP + 4 <u>32955</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Mike Floyd Date: 2/2/06  
Type or print name and title: EXEC DIR

Paid Preparer's Use Only

Preparer's signature: Anita S. McDaniel Date: 1-30-06 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): 486-52-1577  
Firm's name (or yours if self-employed), address, and ZIP + 4: ANITA MCDANIEL EIN: 59-1609651  
P O BOX 541539, MERRITT ISLAND, FL 32952-1539 Phone no: 321-459-1800

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.      ▶ Attach to your tax return

Name(s) shown on return Florida Space Coast Golf Association	Business or activity to which this form relates	Identifying number 59-3757385
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### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	410,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	102,000
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
6		
7 Listed property Enter the amount from line 29	7	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562.	10	0
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12	13	0

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	0
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	0

### Part III MACRS Depreciation (Do not include listed property) (See page 5 of the instructions)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	0
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		652	5	HY	S/L	65
c 7-year property		See	Attached	Statement		103
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

#### Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

### Part IV Summary (see page 8 of the instructions)

21 Listed property Enter amount from line 28	21	0
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	168
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

<b>Line 16 - Other Expenses</b>		<b>Total:</b>	<b>46,643</b>
1	Administrative support	1	431
2	Advertising	2	30,159
3	Cell phone usage	3	528
4	Dues & subscriptions	4	985
5	Entertainment	5	194
6	Florida USA membership	6	125
7	Gifts given	7	52
8	Green fees	8	198
9	Insurance	9	250
10	Lunches	10	102
11	Mileage reimbursement	11	1,594
12	Miscellaneous	12	16
13	Office supplies & expense	13	764
14	Packager	14	5,000
15	Reimbursements - out of pocket expenses	15	264
16	Post office box rent	16	38
17	Corporate annual report	17	61
18	Trophies	18	186
19	Telephone	19	501
20	Website fees	20	5,027
21	Depreciation	21	168

**Detail Report**

Florida Space Coast Golf Association 59-3757385 990EZ 2004

						2,103	0	0	2,103					0	168	168
Item No	Description of Property	Date Placed in Service	Asset Code	Activity	Bus Use %	Cost or Other Basis	Less Sec 179 Deduction	Special Allowance	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum Deprec 179, Bonus	2004 Current Deprec	2004 Accum Deprec
1	Tents	6/11/2005	F-11	990EZ	100 00%	1,207		0	1,207		7	SL/GDS	HY		86	86
2	Computer	6/27/2005	F-5	990EZ	100 00%	652		0	652		5	SL/GDS	HY		65	65
3	Cell Phone	7/5/2005	F-11	990EZ	100 00%	244		0	244		7	SL/GDS	HY		17	17

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>	Name of Exempt Organization <b>Florida Space Coast Golf Association</b>	Employer identification number <b>59-3757385</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>Post Office Box 541741</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Merritt Island, FL 32954-1741</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Mike Floyd

Telephone No ▶ 321-433-4909 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 10/1/2004 and ending 9/30/2005

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.